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GUN-SHOT WOUNDS.

An Extract from a Lecture delivered by Amasa Trowbridge, M.D., Professor of Surgery in the Willoughby University of Lake Erie.

[Communicated for the Boston Medical and Surgical Journal.]

THE surgeon is often called upon to decide in cases of comminuted fractures, where the articulating extremities and cartilaginous portions of a joint are involved in the immediate injury by gun-shot wounds. If immediate amputation is deferred in some cases, for the result of the suppurative process, as some advise, more lives may be lost than limbs saved.

It may be observed, as a general rule, where the primary disease is of this nature, the secondary results will probably destroy the patient; or, if he passes that stage, the affected member will be lost, or the life of the individual placed in great jeopardy. It is the duty, then, of the surgeon to amputate soon after the injury.

I know it is difficult to apply this rule to all cases in practice. I have often seen cases occur, where organic lesions seemed to demand immediate amputation; and yet, a favorable result or perfect cure followed without the use of the knife. I have seen other cases of wounds, of a trifling nature compared with these, yet occasion deep regret for the indecision of the surgeon, by their speedy and fatal results.

But, gentlemen, if you practise surgery, and gain the confidence of an extensive community, you will be frequently placed where you must make an immediate decision; and the result of that decision will settle the fate as to the life or death of your patient, and reflect honor or disgrace on your profession and your own reputation.

In the interesting cases which I have described to you, of lacerated, fractured and gun-shot wounds, there must be some general principles observed, and followed, and the application of these principles to cases constitutes an important part of the skill and duty of the practitioner.

I can assure you that there is none better settled with me, than that for a surgeon to omit to amputate a shattered limb when there is no hopes of saving it in the end, would be disregarding the advice of the best writers on military surgery, and his duty as a surgeon.

It is urged against immediate amputation, that the patient is much agitated, and his system depressed and uninured to diseased action, at the time of receiving the injury; and that amputation ought to be de-

ferred until reaction takes place and the suppurative process is tried, and then amputate if the limb cannot be saved.

This shock to the system, when balls pass through the extremities, is not experienced so often as some writers imagine. In cases where the ball passes through large muscles, and thick portions of a limb, the patient may not, at first, be sensible of pain, or even that he has received a wound. His garments being stained with blood is the first intimation he has of the accident. Even if the bone is fractured, he is first made acquainted with it by inability to use the limb. Large wounds of this kind give but little disturbance to the general system, till some time after they are received.

I had much opportunity to witness this phenomena, in many instances, during the late war.

Col. Aspinwall, at the battle of Chippewa, received a gun-shot wound near the elbow joint. The ball pierced the capsules and condyles of the humerus, and yet he appeared to be but little affected by it. He remained on the field till the battle was ended, then immediately suffered amputation of his arm without much pain or disturbance.

I saw three soldiers, at Fort Erie, during the seige of 1814, receive contused wounds from a cannon-ball. They were lying together in a tent. The ball entered and carried away both legs of the first man, near the hip joints, shattered one of the legs of the second, near the knee, and both legs of the third, below the knees. In these cases there was but little appearance of pain, or mental or corporeal agitation. They were as composed, and expected efficient surgical aid, as though their wounds had been of a trifling nature. The division and concussion of the parts, so contiguous to the body of the first, occasioned his death on the third day. He was quiet and easy till reaction took place. The second suffered immediate amputation of one leg; the third, of both; and both recovered.

Col. Miller, who commanded an expedition to Long Point, on the Canada shore, nearly opposite to this place, received a wound by a buck-shot, passing through a portion of the capsule of the knee joint. He was suffered to pass into extensive suppuration. He languished, at Buffalo, for several months, had his leg amputated, and died soon after the operation. I knew but little of his habits, or the state of his general health or system.

Col. McNeil, at the battle of Bridgewater, received a wound by a ball passing a little above the patella under the ligament of the triceps muscle, which wounded the bursa and capsular ligaments, and carried away some portions of condyles of the femur. There was much contusion of the parts. After suffering much pain, inflammation and suppuration, he recovered with partial anchylosis of the joint. He was a man of good constitution and habits.

I have met with many similar results in private practice. I have known a limb lost by the effects of the point of a small knife passing to the capsule of the knee joint; and I have known a patient recover, with a tolerable use of the knee joint, after a portion of the capsule and

soft parts were removed over the outer condyle, and that so fractured and detached, that a part of it was removed with a knife before dressing.

In gun-shot wounds, when balls pass and fracture only the cylindrical parts of bones, fractured portions are sometimes thrown into the soft parts; here, an opening ought to be made, so that they may be cast out by suppuration.

At the siege of Fort Erie, which lasted forty-seven days, many cases of this kind occurred among the officers, as well as soldiers. Capt. Cilley had his thigh broken near the middle, by a ball passing through it. On passing my finger I could discover no bone in the track of the ball, but could feel portions thrown out of their natural position and resting in the adjoining muscles. Free incisions were made from the outer portion of the thigh to the shattered pieces of bone. Inflammation and suppuration followed; in a few weeks the bones were discharged; swelling and inflammation extended but a little distance from the wounded and lacerated portions; the limb was extended and supported by splints and bandages, and although three inches of bone were lost, a rapid recovery and good leg followed.

In all cases where gun-shot wounds are accompanied with fracture of the bones, free incisions ought to be made.

It is remarked in Mr. Tavernier's Elements of Operative Surgery, that "when the thigh-bone is fractured by a musket-ball, the patient dies with great suffering, before the end of six weeks, and but few of those escape in whom that bone has been fractured in its middle part." Had this gentleman witnessed the results following free incisions, he might have had a more favorable view of the subject.

A ball may pass upon or near a large artery, and divest it of all its surrounding support, without its sustaining any other injury: but if a ball pass near a nerve, portions of the body depending on such nerve for its influence, may become partially or totally paralyzed for a time.

Gen. Ripley was wounded, at the sortie at Fort Erie, by a musket-ball passing in on the left side of the neck, directly to the carotid artery, in the direction of third cervical vertebra; striking this, it passed out a little forward of the carotid artery on the opposite side. A paralysis and loss of use of both arms immediately followed. Suppuration, in a few days, exposed both arteries to view. Compresses and bandages were used to prevent aneurismal enlargements. Exfoliation of a piece of bone followed. Deglutition was, for some time, difficult, and he suffered from morbid secretions about the fauces. Great reduction, by repeated bleedings, and other means, saved the parts from excessive inflammation, and a recovery followed, with some distortion and inability to turn the head. The paralysis of the arms continued for the first three months, with gradual change for the better; but an uncommon sensation was produced when the hands or arms were exposed to the air, particularly to a temperature below that of the body; pain in the parts, and uneasy sensations in the whole system, would follow, which could only be relieved by warm applications and change of temperature in his room.

This case fully demonstrates Mr. Bell's views of the distinct functions of different nerves. The motory nerves were injured and produced

paralysis of the parts they supplied. The sensitive, or posterior, not being injured, sensation was increased, and the peculiar sensation experienced, followed.

Gun-shot wounds are influenced by the state of the general health, and their final effects cannot be known at their commencement. Extraneous bodies may be carried into wounded parts; we may find two openings, and conclude the ball has passed out, yet the wounded part may contain pieces of wadding, portions of cloth, &c.

Gen. Brown was wounded at Bridgewater. The ball entered the upper portion of his thigh, a little anterior to the trochanter major, and passed out over the inguinal glands. He left the army the next day, passed over to Buffalo, and from that to Barker's, on the south shore of the bay. He suffered from inflammation and suppuration of the wound for three weeks; after this he convalesced a short time, and repaired to Fort Erie, took lodgings on board of an armed schooner, and anchored near the fort. Here secondary inflammation took place, with swelling, great irritation, and discharge of matter from the wound. A piece of woolen pantaloons was removed; the wound then soon healed, and he resumed his active duties at the fort.

Balls may enter the thorax, pierce the lungs, and the patient recover. If a ball pass through the thorax and lungs, there will be bleeding at both openings, with rushing in and out of air at each inspiration, and coughing, with expectoration of blood from the mouth.

Maj. Tremble, at the sortie upon the British batteries near Fort Erie, received a wound, by a musket-ball, through the right portion of the thorax. It entered and divided the fifth rib near its cartilaginous extremity with the sternum, passed on through the pleura and lobe of the lung, divided the same rib near its curvature towards the spine, and passed out. He was engaged, at the time he received the wound, in carrying one of the enemy's block houses. He fell, and was carried back to the fort and placed on a matrass. Blood flowed freely from his mouth, with occasional coughing and convulsive action of the thorax. There was great *struggling*, as it is called, for breath, produced by the great quantity of blood passing the trachea. Respiration, at times, was nearly suspended, with feeble pulse, and cold extremities. At each expiration, blood was thrown from the external openings. I shall not be able to give you a particular history of his treatment. I find I did not enter the details in my note book. But I well recollect that but little hope of his recovery was entertained till the fifth day after he received the wound. From the time of the accident to this period, bleeding from the external wounds had been gradually subsiding, but the prostration of the powers of the system, from the first loss of blood, was great. Reaction, however, at this time took place, and so steady and continued was it, that six bleedings within twenty-two days were used, with other mitigating and soothing remedies. It was from the repeated bleedings, which prevented excessive reaction and inflammation, with the unusual solicitude and attention of his particular friend, Col. McRea, who remained constantly with him, that I attribute his final recovery. After the war closed, he distinguished himself in the councils

of this State, and was employed by the general government to transact important business with some of the western tribes of Indians. He was elected a member of the U. S. Senate in 1822. His fatigues and exposures at the west, the previous season, had aggravated an affection of the lungs, which proved fatal a few days after his arrival at Washington.

If a severe stroke is made on the skull by a musket-ball, and the appearance of threatening symptoms follows, a perforation ought to be made through the skull, although there is no depressed portion. It is a high degree of contusion, and is generally followed with inflammation and deposition of matter, on the maters of the brain, and a derangement of the functions of that organ. This piece of bone, which I present you, was taken by the trephine from a soldier wounded at Sackett's Harbor. A spent ball struck the side of his head, near the coronal suture, on the parietal bone. It denuded the bone and glanced off, carrying a portion of the scalp with it. The man suffered, for two days, with symptoms of concussion, then recovered, and was apparently well for thirty days. After this, he complained of pain in his head, nausea, and distress at the stomach, with occasional chills and fever. This was followed in a few days with epileptic fits. I first saw him in one of these fits. There was a morbid state of the parts first injured by the ball, and a sanious discharge from a small fistulous opening to the skull, and this was carious upon its outer surface. I applied a large trephine, and took out this piece of bone. You perceive a portion of the inner table was originally broken down, which must have rested upon the maters. There was much thickening of the dura mater directly under the injured bone, and some matter flowed out on its removal. His fits subsided, and in a few weeks he was reported fit for duty.

A similar case occurred in my private practice a few years since. A discharged soldier came from one of the western forts, and was daily afflicted with epileptic fits. He informed me he had been afflicted with them for nine years; that they were caused by a blow given him by an officer on the head, with a cane. On examining, I found a depression of the upper portion of the occipital bone. The principal relief he had obtained was from repeated bleedings. I recommended the use of the trephine, and he submitted to the operation. This is the piece of bone removed. You perceive both tables were fractured and depressed, and the inner one is much thicker than the outer, by a deposition of ossific mater, and the healing process, which occasioned a pressure on the brain. The skull was so much thickened at this point that it was difficult to remove it with instruments. Inflammation and a discharge of matter followed for three months, when the wound healed and the patient entirely recovered.

I have operated in several other cases, where epileptic results followed injuries of the head, with the same favorable results. I have always found the dura mater thickened and in a morbid state. It was generally extremely sensible, and gave the patient great pain when touched. What agency this has in producing these paroxysms or fits, will be a subject for future remarks, when speaking of injuries of the head. The

surgeon meets with much perplexity in making distinctions and treating wounds of the head. Bad results do not more often follow extensive fractures of the skull from blows or injuries, than from injuries that produce concussion only. This every physician and surgeon ought to know. And this the friends of every patient ought to be made acquainted with; because, the immediate amendment after an injury would induce the surgeon to promise what it would not be in his power to perform; and the patient, having his fears dissipated and his hopes excited, would be the more surely hurt by the disappointment. The peculiar circumstances of each individual case, must here, as in other parts of the body, furnish directions to practitioners for their particular conduct; rules laid down on such subjects can only be general.

Many ancient surgeons, and certainly a goodly number of modern ones, when no fracture or extensive depression is discoverable on a patient laboring under symptoms of disease which have been described, in consequence of violence offered to the head, content themselves with calling the case a concussion, and seldom search further for the mischief. They perceive the skull is not fractured, and if not depressed, the case is a medical one, and surgical aid, they suppose, can be of no use.

I am sorry that I am not able to refer you to some American writer for correct opinions on the interesting subject of military surgery. Mr. Larry is the best practical writer. His works, though very limited, contain the most decisive facts which were drawn from extensive experience, and comparative trial of doctrines, which have been taught in European schools. He was at the head of the medical department of the French army, during the diversified campaigns of Napoleon, which afforded him great opportunities of judging from actual experience. Our revolutionary contest produced some eminent military surgeons; but their names can scarcely be found in the records of medical science, and they have left nothing for posterity.

During the progress of the late war, the surgeon who accompanied the various divisions of the American army on the northern and western frontier, was sensible that the country through which he psased, and to which he was called for the exercise of his professional duties, had before been the theatre of war, and human distress from disease, whose cause was the same that then surrounded him. He witnessed the sudden changes of atmosphere, peculiar to countries surrounding large and extensive lakes, and the local and general predisposing and exciting causes of disease. He witnessed the many fields on which armies had been encamped, and on which surgeons had put in requisition all their talents and skill, and experience, to control or mitigate wasting pestilence and disease. He frequently viewed decayed castles, forts and redoubts, where severe and destructive contests had been carried on by contending armies, or the more sanguinary results of partizan warfare or savage barbarity; where singular and extraordinary cases of surgery had been presented, unparalleled, perhaps, in the details and systems of European surgery. And yet, not a trace of the history of these occurrences could be found, that would impart one ray of light or information to his anxious and inquiring mind. Not even could he trace the names

of those on whom rested these arduous duties. The minds that had been directed to the investigation of diseases that then prevailed, and to the direction of the systems of the medical department generally, had treasured up all their knowledge and observations, only to be passed into oblivion and forgetfulness with themselves.

A similar result will probably follow the opportunities and researches of the medical gentlemen who were attached to the army in the late war. Dr. Mann has published a few facts which he gathered while on the northern frontier; these you will peruse with pleasure and profit.

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ON THE TREATMENT OF OPHTHALMIA IN GENERAL.

[Translated from the work of Bichel, and communicated for the Medical and Surgical Journal.]

We shall at present endeavor to establish some therapeutic laws which may find their application in the greater part of these diseases.

The treatment of ophthalmia is that of inflammation in general; being subject to variations according to the seat, the degree, the character of the inflammation, its tendency to a certain termination, and the causes which may give rise to it.

Among the causes there are some which it is necessary to remove before directly attacking the inflammation, and there are others which may be attacked with success only at the decline and sometimes during the convalescence from the ophthalmia.

Among the first, are foreign bodies which have fallen between the eyelids, whether moveable between these and the anterior surface of the globe, or fixed in the external membranes; which should be immediately removed. It may happen that the eyelashes are turned towards the globe of the eye, and then it is indispensable that they should be either rectified or extracted. When there is only an accidental inversion, as sometimes takes place from rubbing the lids, they should be replaced. But it is necessary that they should be extracted if their deviation is the result of a disease of the border of the eyelids, as is the case in tricbiasis.

We may refer to the first of these classes of causes, the too strong or long-continued action of the solar or artificial light; this it is necessary to modify, for one cannot with impunity withdraw the patient entirely from its influence. Also the excessive fatigue of the eyes, to which we may oppose an absolute rest to this organ. Among the second class, we may rank all the internal causes, such as lymphatic constitution, scrofulous affections, ancient rheumatisms, syphilitic diseases or others, which should be opposed by specific therapeutic agents, which cannot always be used without inconvenience during the inflammatory period.

Without entering too minutely into detail concerning the symptoms, we shall consider the two most important and prominent anatomical characters—characters which of themselves fix the antiphlogistic treat-

ment, and thus become the source of the division of the inflammations into two principal classes, and furnish the two indications to which we should attach the greatest importance in the treatment of inflammatory affections. These two anatomical characters are—

1*st.* Local congestion, that is to say, the permanent and too abundant flow of blood into the diseased organ.

2*nd.* The increase of plasticity of the blood and its tendency to decompose itself during life into its constituent parts, and to produce fibro-albuminous exudations, which become organized into false membranes.

According as the one or the other of these characters predominates in the inflammations, we may divide them in a therapeutic point of view into two classes, characterized by particular forms, and requiring different treatment.

1*st.* Inflammation with predominance of congestion.

2*nd.* Inflammation with predominance of the increased plasticity of the blood.

Another group might be formed of those inflammations which exhibit an almost uniform development of these two phenomena.

If we take into consideration these two principal characters, the antiphlogistic means may be divided into two groups:

1. Means directed against congestion.
2. Means directed against the increased plasticity of the blood.

Anti-Congestive Means.

Sanguineous congestion consists not only in local plethora, but also in the morbid direction of the blood towards the diseased organ, where it is incessantly attracted by the inflammatory irritation. Hence the necessity of taking from the diseased organ or the general system the superfluous blood, in order to diminish the too violent action of the arterial system caused by local irritation (depletion), or of driving back from the organ affected the morbid current (repulsion), or of directing it more or less actively towards the healthy parts and towards the surface (derivation).

Repulsion is suited to the least considerable degree of inflammation; to that which resembles rather the simple congestion; but only when it is situated in the external parts of the organ. In most cases of conjunctivitis, repulsion employed in good season puts an end to the disease. Cold water, a means which one can procure so easily, is the best, the most energetic, and the most sure of repulsives, when used in a continuous manner. But there are many inflammations whose nature is averse to cold—such is the catarrhal ophthalmia, for example. In these cases, the astringents of every nature, but principally the astringent mineral solutions, which we may employ lukewarm, or at the ordinary temperature of the atmosphere, fulfil the indications. The less the inflammation is, the more it approaches to the nature of a simple congestion, and the more also is it allowable to increase the strength of the collyrium. In the more considerable degrees of inflammation, we may

make use of a simple solution of the acetate of lead, an astringent, the antiphlogistic powers of which are well kown.

Depletion may be immediate or derivative, that is to say, it may be practised near to the diseased organ or at a distance from it. If the former has the advantage of relieving more quickly the inflamed part, by causing the irritation, the pain and the compression to cease rapidly, a relief to which the patients are sufficiently sensible, the second also fulfils the very important indication of giving another direction to the morbid flow of blood.

In order to obtain the united effect of these two depletive methods, it is well to employ them, in severe ophthalmias, either simultaneously or alternately being made to succeed each other at very short intervals. In children, general bleedings are rarely indicated; it is nevertheless possible that we may be forced to have recourse to them. In adults, we may often shorten considerably the duration of the ophthalmia, and may decidedly diminish the danger in cases of a great degree of intensity, by causing the local bleeding to be preceded by a general bleeding of from 8 to 16 ounces, to be repeated in 24 hours if the symptoms do not lose their intensity. In some cases it is necessary that the bleeding should be carried to syncope. Arteriotomy, bleeding from the jugular vein, and that from the nasal vein, do not appear to possess any peculiar advantages, and they often require the considerable inconvenience of compression in the neighborhood of the diseased organ, which restrains the venous circulation and increases the inflammation. Bleeding from the arm as simply depletive, and that from the foot as revulsive, have in our practice always proved sufficient. They may be used alternately in order to unite their advantages. The best local bleeding consists in the application of leeches over the mastoid process, to the temple, or in front of the ear. If placed too near the eyelids they often produce, in consequence of the looseness of the cellular tissue of the part, an erysipelatous œdema with great swelling of the lids; and sometimes ecchymoses, which frighten without relieving the patient, and prevent the physician, for a certain time, from examining the state of the eye. The same inconvenience results from applying the leeches upon the internal surface of the eyelids. Here, the limited space permits only a small number to be applied, so that the depletion is less considerable than the inflammation caused by the bites. This last reason, founded upon a long experience, has led us to employ always a larger number of leeches in the case of direct local depletion than when they are used as derivative; indeed, in the latter case, we draw advantage even from the irritation of the skin caused by the leeches, while in the former case this irritation is an entire loss, and adds often, at least temporarily, to the intensity of the inflammation.

Derivative bleedings may be found useful either after the local bleedings, or when a suppression of any habitual evacuation, as of the menses, of an hemorrhoidal flux or of an epistaxis, furnishes a special indication. It is in this case that the application of ten or fifteen leeches to the anus or the genitals, cupping upon the back, the loins or the lower extremities, may find their application.

The derivative effect produced by bleeding is powerfully aided by certain means of irritation, which attract the blood towards the circumference and thus turn it from the diseased organ. Of this character are the foot-bath, with mustard sinapisms to the extremities, and the application of the emplast. resinos. cantharid. to the back or between the shoulders, for the purpose of producing a temporary rubefaction of the skin. In proportion as these derivative means of a transitory action are useful, and serve to aid the direct effects of depletion and repulsion, by so much, the more energetic agents which give rise to a vesication of the skin, or which keep up for a long time a puriform secretion in the neighborhood of the inflamed organ, appear to us injurious, and rather adapted to add a new irritation than to relieve the primitive inflammation. In the course of our experience we have rarely witnessed any salutary effects result from these violent remedies in the active periods of ocular inflammations. We believe that they possess a marked advantage only in the inflammations of the mucous textures accompanied by an abundant puriform secretion; for example, in the blenorrhagic ophthalmia. It is still necessary, even in these cases, that the severity of the inflammation should have been modified by the previous employment of bleeding and repellents. But we are far from wishing to depreciate the value of these agents, used when the severity of the disease begins to diminish, or when it is desired to prevent a relapse in a rebellious inflammation. In most cases the application of a blister, or frictions with tartar emetic ointment composed of a drachm of tartarized antimony and two drachms of lard, is sufficient, towards the decline of the inflammation, to produce rapid amelioration and give to the disease a more decided progress towards a happy termination. It is only in a very few cases which are very complicated, chronic and obstinate, that there is any necessity for having recourse to moxas, to issues and setons. Blisters and the tartar emetic ointment have the advantage of exciting an irritation which we can readily arrest without danger, and afterwards reproduce with renewed activity, whilst the more profound irritants, as setons, &c., are with difficulty removed and soon become an habitual, useless and injurious secretion—useless, because, accompanied with a very feeble irritation, it has not the power of displacing an irritation of a morbid and secretive character—injurious, because it constitutes an artificial and additional morbid condition, of which the patient may not be able to rid himself without great precaution, and sometimes not without serious consequences.

Purgatives act in various ways, as depletive, derivative or antiplastic agents. We speak of them in this place because they form a kind of introduction to the means which belong to the second class of therapeutic indications relative to inflammatory affections.

Purgatives, by inducing an abundant secretion from the intestinal canal, give rise to the evacuation of a large quantity of serous and fibro-albuminous matter. This kind of evacuation is not less important than sanguine emissions, especially when the ocular inflammation attacks very young subjects, in whom the serous and fibro-albuminous parts predominate. Purgatives are still very important when a peculiar morbid dis-

position, as scrofula, is the cause of the predominance of lymph in the constitution of the organic liquids.

If the advantages of depletion by the aid of purgatives are evident, it is not the less true that they do not offer the inconveniences which some have wished to attribute to them. The fear of their causing intestinal irritation is not founded upon experience. Unless some pathological condition of the intestinal surface pre-exist which forbids their use, they are well supported by individuals of all ages. The increased secretion which they excite is itself the crisis of their first irritating impression upon the mucous membrane, and the surest security that this congestion is not transforming itself into a permanent or inflammatory irritation; thus the irritation is opposed and subdued by its own effects. The second effect of purgatives consists in the transferring the irritation of the mucous membrane of the eye to another very extensive portion of the mucous system. This powerful and favorable revulsion is equally useful in the inflammations of all the tissues of the eye.

By removing from the mass of the blood a large quantity of fibro-albuminous matter, purgatives contribute to diminish the plasticity of this fluid, and thus already fulfil in part the second indication.

Finally, they are also useful in those cases, by no means rare, in which the local inflammation is accompanied and often kept up by a gastric irritation. It is especially in practice among the poor that their employment is of great value and of extensive application, for the double reason of the bad quality of their food, which produces in every disease frequent complications of gastric embarrassment, and of the high price of leeches, for which, evacuants from the intestinal canal may often be substituted, chiefly in lymphatic constitutions. There are cases of conjunctivitis of a mild character in which a simple purgative alone fulfils the indication of depletion, and dissipates at once all the morbid phenomena.

The purgatives which we are in the habit of employing are, for adults, the neutral salts, as the sulphates of soda and magnesia. These, beside their pugative effect, appear to have a modifying influence upon the blood. With children we use manna in a dose of one or two ounces, dissolved in water, or an infusion of senna with coffee, or an electuary of senna with prunes and cream of tartar or the syrup of rhubarb. If we desire a more drastic effect, we add scammony or jalap, in a dose of a scruple for adults and of half a scruple for children. Calomel may be given with jalap in a dose of from 4 to 12 grains.

Experience has taught us that we may obtain sufficient purgative effects with the tincture of the seeds of colchicum, given to children in a dose of from 4 to 12 drops, and to adults in that of from 15 to 20 drops four times a day. This remedy is doubly useful in practice among the poor, as its cost is trifling, and because its taste may be so easily disguised in some mucilaginous drink that children may be made to take it without difficulty.

Emetics, the action of which is similar to that of purgatives, are seldom required in inflammations of the eye. The depletion produced is less complete than that produced by purgatives. The efforts which

precede and accompany the act of vomiting, have the disadvantage of causing a determination of blood towards the head, and of consequence towards the eyes. Tartarized antimony in large doses, not as an emetic, but as a counter stimulant, may be used in violent ophthalmia according to the same rules which have been fixed for its use in inflammations of the other organs.

There are certain cases of chronic ophthalmia, complicated with abdominal plethora or rheumatism, which are rapidly benefited by the use of tartarized antimony or ipecac in nauseating doses.

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VEGETABLE DIET, AS SANCTIONED BY MEDICAL MEN.*

Since this book came from the press, we have been considerably perplexed in ascertaining its true value. Here is the combined testimony of a considerable number of physicians, in favor of abstaining altogether from meats—and they give their personal experience in regard to themselves, to a considerable extent. Now the question arises—what degree of credit is to be given to these gentlemen? Have not many of them, particularly those residing in New England, become hasty converts to the new doctrine of vegetable food, without having carried on the experiment sufficiently long to settle a question so important? Again, there are a host of authorities quoted, from Dr. Cheyne down to Dr. Beaumont, showing that each and all advocated a diet of vegetable food. Now passages might be found, in the writings of almost any medical writer, which, when isolated or detached from the rest, would favor the project in question. In fact, we are fully inclined to the opinion that these very renowned authorities were as fond of roast beef as the modern consumers of the same nutritious article. Unexpectedly, we find our humble self drawn into the ranks, and our own veritable words arranged, like a platoon of soldiers, for the defence of the untenable scheme of feeding on simple vegetable food.

There are conditions and circumstances requiring peculiar vigilance in diet—the veal, the mutton, and the turtle soup must at times be abandoned, because it is a curative process to abstain from them; and it may be equally necessary to return to them again with moderation, the moment the functions of organs have been restored, which were injured by their excessive use. The teeth alone, in man, without any reference to the structure of the stomach or the elaboration of the gastric fluid, show, beyond all philosophical contradiction, that he was destined to be omnivorous. It is because he is omnivorous, that he can traverse all regions, and sustain himself in all climates. He was designed to be the superintendent of the world he inhabits, and that he might be such, he has a structure, both externally and internally, admirably conducing to that

* Vegetable Diet, as sanctioned by medical men and by experience in all ages. By William A. Alcott. Boston: Marsh, Capen & Lyon. 12mo. p. 276.

end. Because the animals are not omnivorous, they are confined to particular regions—and some cannot be removed from the latitude and longitude for which they were created, without endangering their existence.

We sincerely believe that the animals were in the beginning designed for the use of our race—and we believe, too, without any qualifications, that a sound state of health here at the north, requires a small quantity of meat to be used. We have never yet seen an exclusively vegetable eating individual who did not show the evil effects of it.

Without the least disposition to combat the growing radicalism in dietetics, more rife in Boston, it is supposed, than anywhere else, we are perfectly willing that, as all men are born free and equal, each one should dine upon just what he chooses. Perhaps it is as well that books should be multiplied on this subject, as well as on others: but meats will continue to be eaten till the day of doom. Too much, however, is usually consumed; and if Dr. Alcott succeeds in persuading his readers to consume less, in a given time, he will have achieved a good work. But the attempt to change the order of nature is a hopeless undertaking.

Dr. Mussey.—For the last twenty years this gentleman has been officially connected with the medical department of Dartmouth College, and owing to his personal exertions the character of the school has been well sustained, although it was feared that the removal of the celebrated Dr. Smith, to New Haven, would lessen its influence. Still the institution continues prosperous. It is now destined, however, to lose the labors of Dr. Mussey, who has recently accepted the professorship of surgery in the Medical College of Ohio, located in the city of Cincinnati, to which place he will remove with his family, to take up a permanent residence, at the close of the ensuing lecture term at Hanover. The people of Ohio will secure, in the person of Dr. Mussey, emphatically the surgeon of New Hampshire. His reputation as a successful operator requires no fostering, at our hands, to be appreciated by those who have succeeded in drawing him from an extensive field of practice in New England, from a venerable college in which he has taught from his youth up, and from all those friends and associations which make life desirable in the land of one's birth.

The trustees of Dartmouth College will find it a difficult undertaking to fill the chairs of anatomy and surgery without endangering the prosperity of the medical school, at which as many physicians have been educated, as at any one, probably, in the northern States. It is to be hoped that they will not be so injudicious as to elect persons already holding professorships in other places—a most fatal movement, invariably—for it is like a second mortgage on an estate—the first is the best security.

Medical College of Ohio.—All the chairs of this institution having been filled by distinguished men, extensively known for their talents and acquirements in the various branches of knowledge which they have been called upon to teach, the prospect is altogether favorable for the future. In connection is a hospital, to be under the express direction of the faculty, where the clinical instruction, the most important of all to the student of medicine, promises to be regular, scientific and syste-

matic. Lastly, the direct patronage of the Legislature gives a degree of character to the effort which is making to elevate the standard of medical education in the enterprising Commonwealth of Ohio.

Medical Information.—A gentleman of Boston being engaged in the preparation of a series of medical statistical tables, which will be generally interesting to every medical practitioner, is desirous of receiving, from responsible sources, an exact list of the professors in all the medical institutions in the United States; the value of their several libraries; general remarks upon their museums; also the names, locations, officers and objects of all the medical associations, both in counties, cities and states; and, as far as possible, the names, age and time of decease of eminent medical men, who from time to time were officially associated with such institutions. Communications, transmitting this kind of information, may be directed to the editor of the Boston Medical and Surgical Journal. If pamphlets are transmitted, the names of officers which are inserted with a pen must be plainly written. The first of October is as late as such papers can be received, to be of any service to the author.

Medical College of Richmond, Virginia.—The Trustees of Hampden Sidney College, having organized a medical department, and located it in the city of Richmond, announce that the winter term of lectures in this department will commence on Monday, Nov. 5th, 1838, and will continue until the last week in March, making a period of five calendar months.

Radical Cure of Prolapsus Uteri.—M. Velpeau recently performed the following operation in an old case of prolapsus of the womb, complicated with a cystocele.

Pinching together the mucous coat of the vagina, he cut away three slips of it, one from the anterior part, and the other two from the sides of the canal. Each of the slips was nearly an inch wide, and two and a half inches long. M. Velpeau had previously inserted the ligatures, so that there was no difficulty experienced in bringing the edges of the wound together. Three months had elapsed when the report was made, and the operation had been successful.—*Philad. Med. Examiner.*

Cystoplasty.—M. Jobert lately presented to the Royal Academy of Medicine, a female whom he had cured of vesico-vaginal fistula by the following simple operation. The fistula was about an inch in diameter, and the consequence of difficult labor. M. Jobert having refreshed the edges of the fistula, dissected off a flap from the external labium, and united it by suture with the refreshed edges of the sore. The first attempt failed, but the second met with the most complete success.—*French Lancet.*

Kermes Mineral in Pneumonia.—Dr. Lemarchand, of Le Mans, publishes several observations, in the Journal des Connaissances Medico-Chirurgicales for February, illustrative of the good effects of kermes mineral, in large doses, in conjunction with general and local bleeding,

counter-irritation, &c., in the treatment of pneumonia. His cases show rapid amelioration of the symptoms, under the use of the remedy, which was not followed by either diarrhœa or vomiting.—*Philad. Med. Exam.*

Vaccination.—A notion has been entertained by not a few that the vaccine matter has lost its influence by time; but this is not supported by the analogy of any other poison. The virus of smallpox itself has lost nothing of its force in the course of 200 years; and we are enabled to state a strong fact, with perfect confidence, in proof of the efficacy of the vaccine matter at present, viz., that of more than 70,000 vaccinated in descent with successive portions of the matter originally collected by Dr. Jenner, 38 years ago, vaccination has manifested its peculiar influence in all; though of this number some hundreds have been subjected to the severest trials by exposure to smallpox in its most fatal form.—*London Vaccine Establishment Report.*

Medical Miscellany.—The Catholics at St. Louis have a hospital, chiefly managed by the Sisters of Charity. Six hundred patients were received in it last year, of which number only seventy died.—Scarlet fever, of a malignant type, has been prevailing at Thompsonville, Conn.—A child in Lowell lost its life by swallowing percussion caps. Twenty-one were found in the stomach and twelve in the small intestines, after death.—Smallpox exists at West Dennis.—The proceedings of the President and Fellows of the Connecticut Medical Society, in convention, in May, have been published in a pamphlet.—Dr. Cunningham, of the Medical College of Georgia, believing that the interest of the school would be advanced by diminishing the number of professors, tendered his resignation of the chair of Theory and Practice, which was accepted. Dr. Ford was immediately elected professor of the Institutes and Practice of Medicine. Dr. Newton has become demonstrator as well as professor of Anatomy.—No election has yet been made of a professor of Theory and Pretice in the newly organized medical college at Albany.—Dr. David Rodgers has received the appointment of professor of Surgery in Geneva College, in the western part of the State of New York.—A man lived eight days, in Paris, after swallowing one ounce of concentrated sulphuric acid. On examination of the pharynx and tongue, after death, they were found free from ulceration; the whole mucous membrane of the œsophagus, however, was black, and detached from the muscular tissue.—Mr. William Darword, of Montrose, Scotland, has signified his intention of giving 10,000*l.* for the establishment of a hospital in that ancient place, for aged and infirm people, and orphans and deserted children.—Dr. Tweedie, the well-known writer, and Physician to the London Fever Hospital, will soon commence the publication of a series of volumes, to be called the *Library of Medicine*, assisted by a host of eminent professional men. Each volume is to contain 400 closely printed pages.—The "*startling narrative* of Miss Brackett's imaginary voyage through the air, with Col. Stone, of the city of New York, while under the influence of animal magnetism," is selling at a most productive rate in London.—The Board of Health established at Rome, during the prevalence of the Asiatic cholera, has lately published its report, from which it appears that the number of persons attacked by the disease was 9372, of whom 5419 died.

DIED,—In New Haven, Ct. 18th ult., Thomas Hubbard, M.D., 63; for several years he was President of the State Medical Society, and he succeeded the late Dr. Nathan Smith in the Professorship of Surgery in the Medical Institution of Yale College.—In Tiverton, on the 15th ult., Dr. Samuel West, aged 64.—In London, of the prevailing typhous fever, Dr. Fergus, Prof. of Medical Jurisprudence in King's College, 28; also, of the same disease, Dr. C. J. Johnstone, physician to the Foundling Hospital.—At Edinburgh, Dr. John Home, son of the professor of that name in the University.

Whole number of deaths in Boston for the week ending June 30, 32. Males, 12—females, 20.
Consumption, 4—croup, 3—diarrhœa, 1—lung fever, 1—canker, 1—cholera infantum, 1—drowned, 3—infantile, 4—inflammation of the bowels, 2—dropsy in the head, 1—old age, 2—paralytic, 1—scarlet fever, 1—intemperance, 1—child-bed, 1—inflammation of the lungs, 1—dropsy on the brain, 2—rupture, 1—stillborn, 1.

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J13—tf

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Oct. 18—tf

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J18—tf.

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